

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155207		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/10/2012	
NAME OF PROVIDER OR SUPPLIER NEW HAVEN CARE & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1201 DALY DR NEW HAVEN, IN 46774			
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F0000	<p>This visit was for the Investigation of Complaint IN00114407.</p> <p>Complaint IN00114407- Substantiated with Federal/state deficiencies cited at F246, F282, and F327.</p> <p>Survey dates: September 6, 7 and 10, 2012</p> <p>Facility number: 000114 Provider number: 155207 AIM number: 100266640</p> <p>Survey team: Christine Fodrea, RN, TC Julie Wagoner, RN (September 7 only)</p> <p>Census bed type: SNF/NF: 100 Total: 100</p> <p>Census payor type: Medicare: 7 Medicaid: 65 Other: 28 Total: 100</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings</p>		F0000	<p>September 21, 2012 Brenda Meredith Public Health Nurse Supervisor Division of Long Term Care 2 North Meridian St. Indianapolis, Indiana 46204 Ms. Meredith, REQUEST FOR DESK REVIEW OF THE FOLLOWING 2567 F246 F282 F327 Dear Brenda: Thank you for taking the time to review our recently submitted 2567, from New Haven Care and Rehabilitation Center, New Haven, Indiana. I am requesting desk review compliance as I feel that the citations were isolated events, with corrections immediately taken to correct those deficiencies. I do not believe that any residents' were affected by the deficiencies, validating my request for a desk review. Staff was in serviced, and re-educated to review call light placement, placement of water pitchers in resident's rooms, and following the plan of care regarding accurate assessment and documentation of hydration throughout the facility, In-servicing occurred 09/15/12 and will continue thru 09/24/12 to ensure nursing staff were re-educated on the importance of these processes. The facility takes pride in the fact that we represented very well during the survey process, and continue to be compliant in all other areas. An auditing control system was put</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 12,2012 by Bev Faulkner, RN</p>			<p>into place for review of the deficiencies listed in the 2567 to identify areas potentially at risk for these types of findings. (hydration, call lights and proper assessment and documentation.) I am pleased to announce that we have maintained an excellent record in all areas and provide the highest quality of care. This is evidenced by our yearly reviews, with very low percentage of complaints related to our facility over the last several years. I would greatly appreciate your consideration into our request for desk review of this 2567. audits being conducted will be available for review if requested. Respectfully Submitted: Kris Schmitt R.N. / D. N. SNew Haven Care and Rehabilitation</p>			

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F0246 SS=E	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on observation and interview, the facility failed to ensure call lights were within reach for three residents (Resident #Q, Resident #R, Resident #S) and water pitchers were within reach for two residents (Resident #T, Resident #U) during random observations of 7 residents.</p> <p>Findings include:</p> <p>1. During initial tour on 9-6-2012 at 10:00 A.M., Resident #Q was observed sitting in her wheelchair, next to her bed towards her room door. Resident #Q's call light was observed across the bed on the opposite side rail.</p> <p>On 9-6-2012 at 1:30 P.M., Resident #Q was observed sitting in her wheelchair between beds, watching television. Resident #Q's call light was observed to be on the opposite side of the bed. When asked if she could put her call light on, she indicated she could not find her call light.</p>		F0246	<p>This plan of correction is prepared and executed because it is required by the provisions of the state and federal law and not because New Haven Care and Rehabilitation agrees with the allegations and citations listed on pages 1 through 20 of this statement of deficiencies. New Haven Care and Rehabilitation maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to constitute substandard quality of care or limit our capability to render adequate care. Please accept this plan of correction as our credible allegation of compliance.F 246: 483.15(e)(1) Reasonable accommodation of needs/preferences. a) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?a) Resident's residing at New Haven Care and Rehabilitation have the potential to be effected by the alleged deficient practice. Nursing staff were re-educated by the</p>		09/25/2012	

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	<p>On 9-7-2012 at 10:45 A.M., Resident #Q was sitting in her room close to the end of the bed towards the door. Resident #Q's call light was not observed on the side rail or the bed. Resident #Q indicated she could not find her call light when asked if she could put the call light on.</p> <p>On 9-10-2012 Resident #Q's call light was in reach.</p> <p>2. During initial tour on 9-6-2012 at 10:02 A.M., Resident #R was observed sitting in her chair between the beds. Resident #R's call light was observed hanging on the wall behind her.</p> <p>On 9-6-2012 at 1:31 P.M., Resident #R was observed in bed with her eyes closed. Resident R's call light was observed to be hanging on the wall next to the call light plate.</p> <p>On 9-7-2012 at 10:45 A.M., Resident #R was observed sitting in her room next to the door. Resident #R's call light was observed on the opposite side of the bed attached to the side rail. When asked if she could put her call light on, she indicated she couldn't reach the call light.</p> <p>In an interview on 9-10-2012 at 8:19 A.M., the Director of Nursing Services indicated there was no policy the call</p>		<p>DNS/ADNS on proper placement of call lights and water pitchers within residents reach. Education to be completed by 09/24/12. b) How will other residents having the potential to be effected by the same deficient practice be identified and what corrective action(s) will be taken? Resident's residing at the center have the potential to be effected by the alleged deficient practice. DNS and nurse management conducted facility rounds 9/10/2012 to identify other residents who may potentially be effected by the alleged deficient practice. No other residents were found to be effected by the deficient practice during these rounds. c) What Measures will be put into place or what systemic changes will be made to assure the deficient practice does not recur? DNS, ADNS, and nurse management team (or assigned designee) will conduct facility rounds 4 times weekly to insure that call lights/ water pitchers are within residents' reach. These audits will be reviewed monthly through the PI committee for further recommendations if needed.. d) How will the corrective action(s) be monitored to insure the deficient practice will not recur, i.e. what quality assurance program will be put into place and by what date will the</p>				

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	<p>lights should be in reach, it was just understood call lights should be in reach.</p> <p>3. During initial tour on 9-6-2012 at 10:22 A.M., Resident #S was observed sitting in a wheelchair next to the window. Her call light was observed on top of the bedside stand on the opposite side of the bed.</p> <p>On 9-6-2012 at 1:34 P.M., Resident #S was observed in bed with her eyes closed. Resident #S's call light was observed to be on top of the bedside stand next to the room curtain, away from the bed.</p> <p>On 9-7-2012 at 10:48 A.M., Resident #S was observed sitting in her wheelchair between the beds. Resident #S's call light was observed on the bedside stand behind her. When asked if she could put her call light on, Resident #S replied she couldn't reach the call light.</p> <p>4. During initial tour on 9-6-2012 at 10:28 A.M., Resident #T was sitting in his room between the beds, his water pitcher was sitting on his bedside stand at the end of his bed.</p> <p>On 9-6-2012 at 1:42 P.M., Resident #T was observed resting in bed. Resident #T's water pitcher was noted to be on top of his bedside stand next to the window at the bottom of the bed.</p>		<p>systemic changes be completed?(d) Nurse Managers will conduct weekly audits to ensure call lights and water pitchers are within reach, for 4 weeks, then bi-weekly for 4 weeks, then monthly times 4 months to insure meeting compliance. Audits will be conducted on each shift for the first two months and random checks thereafter on each shift. These audits will be reviewed monthly through the PI committee for further recommendations.</p>				

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	<p>On 9-7-2012 at 10:50 A.M., Resident #T was observed sitting in his wheelchair between the beds. Resident #T's water pitcher was observed on top of his dresser across the room. When asked if he could reach his water pitcher if needed, Resident #T indicated he could not as the staff routinely put it in different places.</p> <p>5. During initial tour on 9-6-2012 at 10:32 A.M., Resident #T was observed in bed watching TV. Resident #T's water pitcher was observed on top of his dresser across the room at the foot of his bed.</p> <p>On 9-6-2012 at 1:50 P.M., Resident #T was observed in his bed watching TV. Resident #T's water pitcher was observed to be sitting on top of his dresser across the room at the foot of his bed.</p> <p>On 9-7-2012 at 10:56 A.M., Resident #T was observed in bed watching TV. Resident #T's water pitcher was observed on his bedside stand sitting next to the wall of the room. When asked if he could reach his water pitcher if needed, Resident #T indicated he could not.</p> <p>In an interview on 9-10-2012 at 8:19 A.M., the Director of Nursing Services indicated water pitchers should have been within reach.</p>						

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	<p>A current policy titled "Hydration," dated 05-09, indicated the licensed nurse would ensure residents were offered fluids, but did not indicate water pitchers should be within reach.</p> <p>This Federal tag relates to Complaint IN00114407</p> <p>3.1-3(v)(1)</p>						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to follow a care plan to maintain hydration for 2 of 5 residents reviewed for hydration maintenance in a sample of 5. (Resident #O, Resident #P)</p> <p>Findings include:</p> <p>1. Resident #O's record was reviewed 9-7-2012 at 2:00 P.M. Resident #O's diagnoses included but were not limited to congestive heart failure, high blood pressure, and anemia.</p> <p>Resident #O's Nurse's Notes, dated 8-4-2012 at 12 noon, indicated Resident #O was having hyperactive bowel sounds. Skin tenting and dry mouth were not noted.</p> <p>A Nurse's Note, dated 8-4-2012 at 8 P.M., indicated Resident #O was given lomotil for loose stools. Skin tenting and dry mouth were not noted.</p> <p>A Nurse's Note on 8-5-2012 at 8 P.M., indicated Resident #O had continued to have diarrhea. Skin tenting and dry mouth</p>		F0282	<p>F282 483.20(k)(ii) Services By Qualified Persons/Per Care Plan a) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? a) Resident's residing at the center have the potential to be effected by the alleged deficient practice. Nursing staff were re-educated on proper documentation/Assessment of hydration. Intake of cc's for residents fluid consumption at meal times, and hydration pass times will be documented by nursing staff to reflect fluid consumption and follow resident's plan of care. b) How will other residents having the potential to be effected by the same deficient practice be identified and what corrective action(s) will be taken? b) Resident's residing at the center have the potential to be effected by the alleged deficient practice. Nursing staff was re-educated on proper documentation of fluid consumption by residents for meals, and hydration passes to identify residents potentially at risk. Nursing also re-educated by</p>		09/25/2012	

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	<p>were not noted.</p> <p>A current care plan, dated 6-9-2012, titled potential for dehydration included the interventions of give medicines for diarrhea per physician's order, observe resident for signs and symptoms of dehydration such as tenting skin, dry mouth, and report to physician if noted, observe for signs of pain, obtain lab work per orders, record frequency and amount of diarrhea, and encourage oral fluids.</p> <p>A meal intake record dated August 2012 indicated on 8-4-2012, Resident O's meal fluid intake was a total of 720 milliliters (ml's), and on 8-5-2012, her meal fluid intake was a total of 720 ml's. There was no other documentation of fluid intake.</p> <p>A review of nursing documentation did not reveal an amount for diarrhea recorded.</p> <p>In an interview on 9-7-2012 at 2:33 P.M., the Assistant Director of Nursing indicated care plans were initiated and interventions were to be followed.</p> <p>2. Resident #P's record was reviewed 9-7-2012 at 11:27 A.M. Resident #P's diagnoses included but were not limited to chronic kidney disease, heart failure, and high blood pressure.</p>		<p>the DNS/ADNS/UM's on proper documentation and assessment of skin turgor, and mucous membranes. Education to be completed by 09/24/12 c) What Measures will be put into place or what systemic changes will be made to assure the deficient practice does not recur?c) Licensed Nursing staff will be required to conduct hydration skin checks weekly on residents to ensure no s/s of dehydration are present These checks will be tracked on the TAR. DNS, ADNS, and nurse managers (or assigned designee) will conduct hydration audits weekly to insure that proper hydration assessment and care plan interventions are documented.. These audits will be reviewed monthly through the PI committee for further recommendations. d) How will the corrective action(s) be monitored to insure the deficient practice will not recur, i.e. what quality assurance program will be put into place and by what date will the systemic changes be completed?(d)) Nurse Managers will conduct weekly audits to ensure call lights and water pitchers are within reach, for 4 weeks, then bi-weekly for 4 weeks, then monthly times 4 months to insure meeting compliance. Audits will be conducted on each shift for the first two months and random</p>				

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	<p>A current care plan, dated 8-10-2012, titled "Risk for fluid output exceeding intake related to diuretic use," included interventions of: follow therapeutic regimen for treatment of health condition, give medication as per physician's order, observe resident for signs of dehydration including skin tenting and dry mouth, and obtain lab work per physician orders.</p> <p>A Medical Nutrition Therapy Assessment, dated 8-10-2012, indicated fluid needs for Resident #P were 2976-3720 milliliters per day.</p> <p>A meal fluid intake record, dated August 2012, indicated Resident #P had a meal fluid intake of 960-1680 ml's.</p> <p>A review of nurse's notes between 8-1-2012 and 9-7-2012 revealed nurse's noted did not include any reference to skin tenting or dry mouth.</p> <p>A current policy titled Care Plan, dated 1-08 reviewed 9-8-2012, provided by the Administrator indicated care plans included objectives to meet resident needs and implements the care plan.</p> <p>This Federal tag relates to Complaint IN00114407</p>		<p>checks thereafter on each shift. These audits will be reviewed monthly through the PI committee for further recommendations.</p>				

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F0327 SS=D	<p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>Based on interview and record review, the facility failed to assess hydration status of three of 5 residents reviewed for hydration status (Resident #K, Resident #O, Resident #P) in a sample of five.</p> <p>Findings include:</p> <p>1. Resident #K's record was reviewed 9-6-2012 at 3:18 P.M. Resident #K's diagnoses included but were not limited to heart failure, high blood pressure, and diabetes.</p> <p>Resident #K's lab work of 11-14-2011 indicated Resident #K's BUN (blood urea nitrogen) was 26 (normal is 9-21).</p> <p>Nurse's Notes of 1-15-2012 at 5:10 P.M., indicated Resident #K had become tired and at 8:45 P.M. had become sluggish.</p> <p>A Nurse's Note on 1-16-2012 at 9 P.M., indicated the physician had examined Resident #K and orders were written for a urinalysis and chest X-ray. The notes further indicated Resident #K remained lethargic.</p>		F0327	<p>F327 483.20(j) Sufficient Fluid to meet Hydration a) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? a) Resident's residing at the center have the potential to be effected by the alleged deficient practice. Nursing staff were re-educated by DNS/ADNS/UM's on proper documentation of hydration in cc's for residents at meal times, and hydration pass times to reflect resident's fluid consumption and follow resident's Plan of Care by 09/24/12. b) How will other residents having the potential to be effected by the same deficient practice be identified and what corrective action(s) will be taken?b) Resident's residing at the center have the potential to be effected by the alleged deficient practice. Nursing staff was re-educated on proper documentation of fluid consumption by residents for meals, and hydration passes to identify residents potentially at risk. Nursing also re-educated proper documentation of skin assessments, skin turgor, and mucous membranes. to Identify</p>		09/25/2012	

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	<p>The physician's progress note, dated 1-16-2012, indicated Resident #K was not complaining of any particular problem, just that he was tired and the physician did not have a clear picture of what was wrong.</p> <p>A Nurse's note on 1-17-2012 at 1:36 P.M., indicated Resident #K was slightly lethargic and unable to feed himself. A Nurse's note on 1-18-2012 from 6-2:30 P.M., indicated Resident #K was tired and listless.</p> <p>A physician's progress note, dated 1-19-2012, indicated medications were reviewed, and Resident #K was to return to clinic in 4 months. There was no note the physician reviewed restlessness or fatigue.</p> <p>A Nurse's Note dated 1-19-2012 at 2 P.M. indicated Resident #K was lethargic and confused. A Nurse's Note dated 1-20-2012 at 8:30 A.M. indicated Resident #K indicated he was very tired, the Nurse Practitioner was notified and he was sent to the hospital.</p> <p>A Nurse's progress note from the hospital on 1-20-2012 at 2:47 P.M., indicated Resident #K's skin turgor was within normal limits.</p>		<p>residents potentially at risk. c) What Measures will be put into place or what systemic changes will be made to assure the deficient practice does not recur?c) Licensed Nursing staff will be required to conduct hydration skin checks weekly on residents to ensure no s/s of dehydration are present These checks will be tracked on the TAR. DNS, ADNS, and nurse managers (or assigned designee) will conduct hydration audits weekly to insure that proper hydration assessment and care plan interventions are documented. These audits will be reviewed monthly through the PI committee for further recommendations. d) How will the corrective action(s) be monitored to insure the deficient practice will not recur, i.e. what quality assurance program will be put into place and by what date will the systemic changes be completed?(d) Nurse Managers/Designee will conduct weekly audits during facility rounds to ensure no s/s of dehydration weekly, for 4 weeks, then bi-weekly for 4 weeks, then monthly times 4 months to insure assessment of skin /mucous membranes are conducted.. to Identify residents potentially at risk. These audits will be reviewed monthly through the PI committee for further recommendations..</p>				

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	<p>An admitting physician's note, dated 1-20-2012 at 2:34 P.M., indicated Resident #K was admitted with mental status change secondary to infection, dehydration, and electrolyte imbalance, but the possibility of a new stroke could not be ruled out. The note indicated BUN on admission was 43 (normal was 7-20) and creatinine was 1.8 (normal (0.7-1.5). Antibiotics and fluids were ordered.</p> <p>A hospital laboratory report, dated 1-21-2012 at 5:48 A.M., indicated Resident #K's BUN was 31 and creatinine was 1.3.</p> <p>There was no care plan to indicate Resident #K was to be monitored for hydration status.</p> <p>There was no indication in the Nurse's notes Resident #K was assessed for hydration status after he became lethargic and tired.</p> <p>A Nursing change of condition document, dated 1-20-2012, indicated Resident #K's general appearance was lethargic, but did not indicate the status of Resident #K's mucous membranes or skin turgor.</p> <p>A Medical Nutrition Therapy Assessment, dated 11-8-2011, indicated Resident #K's fluid needs were 2040 milliliters per day.</p>						

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	<p>Meal intake fluid records, dated January 2012, indicated Resident #K consumed 540- 1200 milliliters per day.</p> <p>A Medication Administration Record, dated January 2012, indicated Resident #K also consumed between 60 and 120 milliliters of a liquid supplement per day; making a total of 600-1320 milliliters per day of fluid intake. There was no further documentation of fluid intake.</p> <p>In an interview on 9-9-7-2012 at 9:55 A.M., the Director of Nursing indicated Resident #K had always had fluids available, but there was no tracking of the amount of fluids Resident K took in during the time he was ill.</p> <p>2. Resident #O's record was reviewed 9-7-2012 at 2:00 P.M., Resident #O's diagnoses included but were not limited to congestive heart failure, high blood pressure, and anemia.</p> <p>Resident #O's Nurse's Notes, dated 8-4-2012 at 12 noon, indicated Resident #O was having hyperactive bowel sounds. Skin tenting and dry mouth were not noted.</p> <p>A Nurse's Note, dated 8-4-2012 at 8 P.M., indicated Resident #O was given lomofil</p>						

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	<p>for loose stools. Skin tenting and dry mouth were not noted.</p> <p>A Nurse's Note on 8-5-2012 at 8 P.M., indicated Resident #O had continued to have diarrhea. Skin tenting and dry mouth were not noted.</p> <p>A current care plan, dated 6-9-2012, titled "Potential for dehydration" included the interventions of: give medicines for diarrhea per physician's order, observe resident for signs and symptoms of dehydration such as tenting skin, dry mouth, and report to physician if noted, observe for signs of pain, obtain lab work per orders, record frequency and amount of diarrhea, and encourage oral fluids.</p> <p>A meal intake record, dated August 2012, indicated on 8-4-2012, Resident O's meal fluid intake was a total of 720 milliliters (ml's), and on 8-5-2012, her meal fluid intake was a total of 720 ml's. There was no other documentation of fluid intake.</p> <p>A review of nursing documentation did not reveal an amount for diarrhea recorded.</p> <p>3. Resident #P's record was reviewed 9-7-2012 at 11:27 A.M. Resident #P's diagnoses included but were not limited to chronic kidney disease, heart failure,</p>						

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	<p>and high blood pressure.</p> <p>A current care plan, dated 8-10-2012, titled "Risk for fluid output exceeding intake related to diuretic use," included interventions of: follow therapeutic regimen for treatment of health condition, give medication as per physician's order, observe resident for signs of dehydration including skin tenting and dry mouth, obtain lab work per physician orders.</p> <p>A Medical Nutrition Therapy Assessment, dated 8-10-2012, indicated fluid needs for Resident #P were 2976-3720 milliliters per day.</p> <p>A meal fluid intake record indicated Resident #P had a meal fluid intake of 960-1680 ml's.</p> <p>A review of nurse's notes between 8-1-2012 and 9-7-2012 revealed nurse's noted did not include any reference to skin tenting or dry mouth.</p> <p>A current policy titled hydration, dated 5-09, indicated residents with the following conditions would be reviewed; abnormal labs, kidney disease, and diarrhea. The policy further indicated residents would be offered fluids during meals, at med pass, in the afternoon, and at bedtime. with the meal fluid intake</p>						

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	<p>being recorded on the meal fluid intake. Residents requiring intake and output monitoring would be placed on the intake and output monitoring record. The policy did not include how to determine who would be placed on this monitoring.</p> <p>This Federal tag relates to Complaint IN00114407</p> <p>3.1-46(b)</p>						